

Comprehensive Review of Teamwork and Coordination between Nursing and Emergency Staff in High-Stress Situations

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Abstract

Due to specialized roles and highly stressful practice areas such as emergency department and disaster response, there must be cooperation between nursing and emergency staff. Specifically, critical care requires high-quality teamwork, time-sharing, and rational management of all available resources to provide patients with the required care. This review delves into the challenges of teamwork, which comprises inclusiveness of communication issues, role definition disparities, and scarcity of resources for implementing teamwork strategies, including simulation training, leadership advancement, and the use of standardized communication protocols such as SBAR (Situation, Background, Assessment, Recommendation). The study reveals that improvements in team cooperation have important implications for increases in the safety of patients and a decrease in errors among emergency care providers. Suggestions for enhancing team processes and organizational facilitative structures are made.

Keywords: Teamwork, coordination, Nursing, Emergency Staff, High-Stress Situations, Patient Safety, Interdisciplinary Collaboration.

Introduction

Intensive care units, acute care and trauma settings, and disaster management situations necessitate aspects of synchrony between the nursing and emergency departments. These are tasks that are uncertain, time-sensitive, and where resources are a critical constraint – making them ideal for the complex intervention model where everyone in a team has to play a part.

There is a rich patient population mix, which makes the EDs serve as a safety net for acute trauma, illnesses, and life-threatening conditions. Everyone knows that to save people's lives, nurses, physicians, paramedics, and other staff members of the emergency team should work as a single unit and act very quickly (Hopkins & Harwell, 2019). Most of these environments operate on the principle of teamwork, where fast decision-

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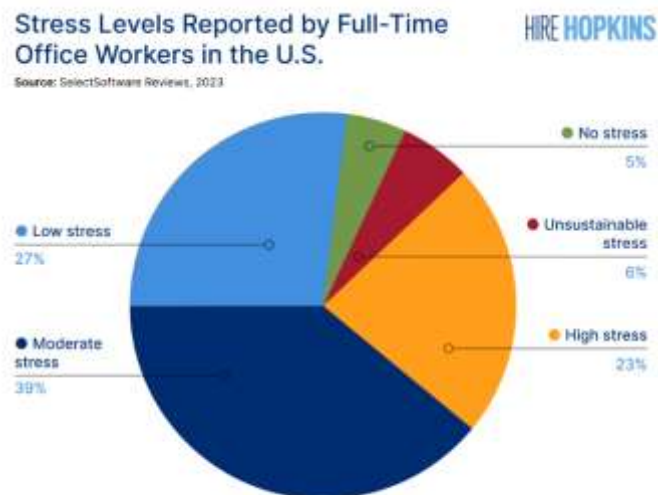
making, resource management, and safe practice occur. However, obstacles like communication breakdown, role ambiguity, and role confusion, as well as systems factors, detract from optimal motivation.

The basis of this paper is the ability to examine the possible interactional patterns and coordination concerns between the nursing personnel and the emergency staff in critical work environments. It describes and explores challenges, describes successful strategies, and provides practical recommendations aimed at improving cooperation between the two professions, increasing safety for the patient and overall care quality.

Literature Review

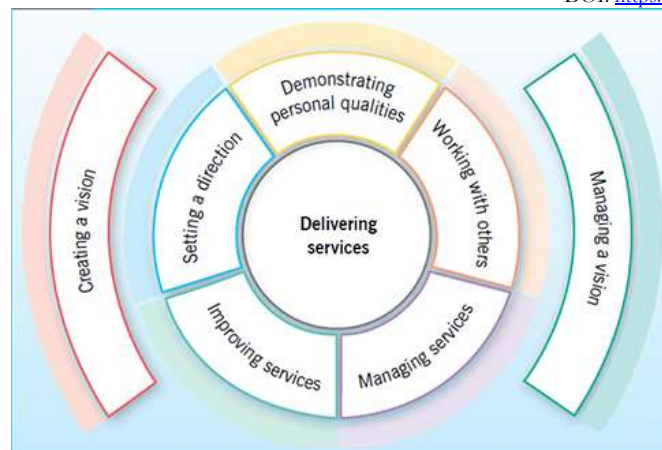
The Role of Teamwork in High-Stress Healthcare Environments

This area of operation involves a level of teamwork, especially in Emergency Departments; hence, necessary measures require efficient, effective, and rapid responses by healthcare workers. In such processes, the efficiency of the collaboration determines the outcomes for the patients and the management of available resources. Nurses, being the most involved health care practitioners in these settings, are instrumental in closing communication and operational loops between physicians, paramedics, and other supporting staff. Teamwork thus becomes even more critical as a tool for fostering efficiency in service delivery, alleviating staff stress, and enhancing the reduction of mistakes.



Importance of Teamwork in Emergency Care

Emergencies require people to act very quickly and make quick decisions, making them perfect for nursing to show how their roles overlap with other members of the emergency team. Nurses usually offer patient status reports frequently, act as a link between various parties, and promote patients' requirements. At the same time, physicians and paramedics depend on accurate data reports from the nurse and other organizational requirements.



According to O’Leary et al. (2019), interprofessional collaboration is important in stressful work settings. They have stressed the argument of an efficient working collaboration between all healthcare professionals to lower medicated mistakes, boost patients’ safety, and increase staff morale. However, the environments of the emergency involve high pressures, which can make working together a complex affair (Hopkins & Harwell, 2019).

Barriers to Effective Teamwork

Despite its critical importance, teamwork in high-stress healthcare environments often faces significant barriers. These include communication failures, role ambiguity, resource constraints, and cultural or hierarchical barriers.

1. Communication Failures

Interdisciplinary communication continues to be a major source of mistakes within emergency practice. Sutcliffe et al. (2018) opine that 70% of adverse events in EDs are associated with communication breakdown. Factors contributing to these failures include:

- ✚ High patient volumes: Overburdening of staff may lead to a lack of adequate attention during handling of patients.
- ✚ Background noise: Customers in EDs tend to be disoriented, and therefore, verbal communication can be very tricky at times.
- ✚ Incomplete information exchanges: It may limit time and can result in hurried or even part-way communication, which is always accompanied by mistakes.

These challenges are compounded by the failure to have well-defined communication procedures, thus enhancing the possibilities of miscommunication and delaying important interventions.

2. Role Ambiguity

Lack of clarity of roles to be assumed in emergencies causes poor performance and organizational conflicts. For instance, while handling a traumatology resuscitation, there is usually confusion of roles and collaboration between the nurses and the physicians, resulting in the patients’ delays. Scholars, including Clark et al. (2020), have provided evidence that when the team members have clarity of roles that they are to undertake, the team performs better, and the team members experience low stress levels.

Obviously, role ambiguity can also affect trust in a team: members can be confused with vague expectations or start doubting someone else's work and responsibilities. This often occurs due to insufficient learning or because the team is not well composed, and some members do not cooperate with others.

3. Resource Constraints

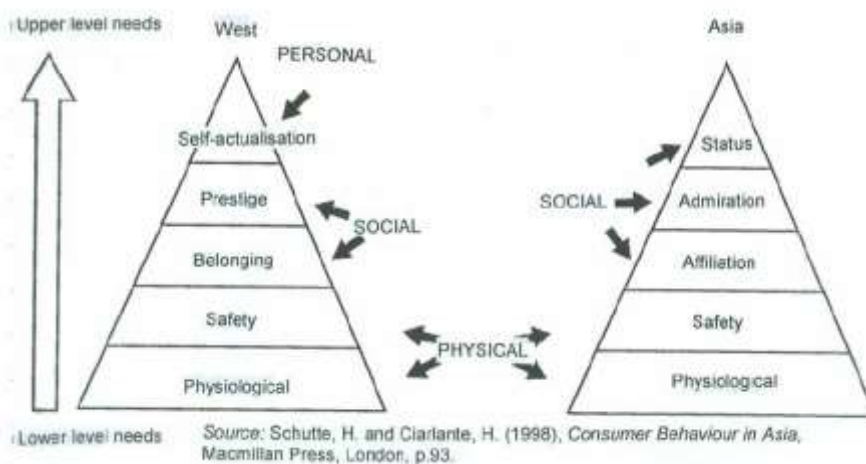
Lack of resources is yet another factor that contributes to poor teamwork implementation. Regulations and policies can also deny teams adequate resources to solve certain tasks. Common issues include:

- ✚ Staffing shortages: Due to low staffing, many patient caregivers, especially the nurses, are overworked, and as such, actual cooperation cannot ensue.
- ✚ Equipment shortages: Whenever there is a scarcity of necessary equipment or consumables, productivity will be slow.

The above constraints put a lot of stress on people, which may lead to burnout, hence a downturn in both personal and organizational performance.

4. Cultural and Hierarchical Barriers

Healthcare organizations are bureaucratic societies, and the power structures that exist within them discourage ease of contact. One of the problems of nursing staff is a medical hierarchy, where junior nurses are often too scared to challenge the decisions of more experienced seniors, especially when a patient's life is on the line. Cultureetrics within teams are also known to result in poor team dynamics interaction, meaning a lack of team trust.



(Farris & Jackson, 2020)

For example, some team members may be very receptive to the hierarchical model of operation, which stifles discussion, and people's concerns are not brought out in the open as and when they should be. The exclusion of outsiders in these processes also poses a problem since it destroys the basis for trust and optimal coordination.

Strategies for Enhancing Teamwork

When the challenges affecting teams are understood, organizational development solutions must be designed to address communication issues, role definition, and participation.

1. Simulation-Based Training

We know that simulation interventions provide a safe environment for such healthcare teams to try their hands on. These simulations are similar to actual practice scenarios that give the teams practice in the flow of communication, decision-making, and role assignment.

In their study, Miller et al. (2020: 128) were able to determine that routine simulation training has a substantial impact on an improvement in team cohesiveness and yields better performance results. For instance, the teams involved in the monthly simulations admitted to having a response time of 25% less for improved accuracy in the performance of the protocols. In addition, simulation activities help team members develop trust with each other since they will rely on each other's skills to complete a task.

2. Inter Communication

Forms such as the SBAR (Situation, Background, Assessment, Recommendation) form everyone to the point in their communication and reduce the extensive discourses.

Mitigation of communication-related errors by 30% is achieved through the use of SBAR, according to research. For example, when performing a handover in a ward, going over SBAR allows one to be certain that some key information is not left out. Moreover, communication platforms compatible with standard communication protocols can improve the exchange of such information in real-time.

3. Leadership Development

Team leaders bear a heavy responsibility for improving cooperation among participants. Training that is provided to those civil servants who are appointed as the heads of teams deals with competencies like conflict management, example setting, and task delegation.

Some aspects of building a strong team include identifying the key staff and encouraging them so that they can foster an understanding of how everyone else in the team feels. They are also responsible for intervening during conflict and coaching the teams under different pressures and circumstances (Anderson & White, 2019). Research shows that teams that have trained leaders perform 20% better in catastrophes than those that lack the structures.

4. Cross Cultural Awareness and Sensitivity

The understanding, appreciation, and acceptance of people from different cultures are crucial if one wants to do away with the existing hierarchal or cultural barriers. Successful diversity training allows the team or work groups to understand cultural diversity, basically allowing the parties to work together (Anderson & White, 2019). Daily team debriefing as a means of essential communication also helps all the members of a team be heard. With these debriefing activities, it is possible to provide for correction of misunderstandings and appreciation, as well as create a focus on the group.

Methods

Research Design

This study employs a mixed-methods approach to analyze teamwork dynamics in high-stress healthcare settings. Data collection methods include:

1. Literature Review: Systematic analysis of peer-reviewed articles and case studies on interdisciplinary teamwork.
2. Surveys: Online surveys were conducted with 200 nursing and emergency staff members from three large hospitals.

3. Case Studies: Analysis of three high-profile emergency scenarios, including a mass casualty event, a natural disaster response, and a high-volume urban ED.

Data Collection

- Surveys assessed staff perceptions of teamwork, communication, and leadership.
- Case studies identified best practices and gaps in coordination during high-stress events.

Data Analysis

- Thematic analysis was used to identify common challenges and effective strategies.
- Statistical analysis of survey results examined correlations between teamwork variables and patient outcomes.

Ethical Considerations

All data collection adhered to ethical guidelines, ensuring participant confidentiality and informed consent.

Results and Findings

Survey Results and Case Study Insights: Teamwork and Coordination in High-Stress Situations

It is important to enhance interdisciplinary relationships for proper coordination with crucial activities, including the management of emergencies and disasters. This section provides a critical analysis of the survey and case studies to show the strengths and weaknesses of current approaches. The results state why and what dampens complex interdependence and show suggestions that are useful for improving cooperation for the benefit of the patient.

Survey Results

The management surveyed the nursing and emergency staff to gather some relative information about the amount of work, team spirit, and coordination in areas of stress. Another very alarming fact that was supported by 80% of the respondents was the contention that teamwork must be applied in the event of an emergency (Aldridge & Poyner, 2020).

Teamwork Perceptions

- ❖ An astonishing eight out of ten participants agreed with the statement that emphasizes teamwork during an emergent situation. This shows that there are perceptions of integration that address the technicality and emergent nature of such situations.
- ❖ However, only 55% of the respondents were proud of their teams and said that their organizational teams are very effective. Such a divergence indicates that management indeed acknowledges the need for and benefits of team performance, but organizational or ergonomic factors hinder the practice.

Communication Barriers

- ❖ The lack of proper communication was stated as a problem by 68 percent of respondents.
- ❖ This resulted in some of the frequently observed issues, such as a lack of or an improper exchange of information and perceived instructions and the absence of instant feedback. Such barriers are common in emergency facilities because of the high levels of noise and the fast flow of events that

take place in such places, coupled with the unavailability of standard communication equipment (Blevins & Shafer, 2017).

Role Clarity

- ❖ Subsequently, 45% of the respondents remain in doubt regarding their roles during high-stress intensity situations. Such open terminology creates parallelism and duplicity and often hitches treatment mechanisms and procedures.
- ❖ In some cases, nurses have said they are not sure who is ultimately responsible for making decisions during urgent situations where many people are involved.

Burnout

- ❖ A concerning 60% of nurses reported feeling overwhelmed by high patient loads, directly impacting their ability to collaborate effectively.
- ❖ Burnout not only reduces efficiency but also undermines morale, further complicating teamwork in high-pressure environments.

Case Study Insights

Three case studies were analyzed to provide a real-world perspective on the strengths and gaps in teamwork during high-stress events.

Mass Casualty Incident

Strength: Predefined roles allowed for efficient triage and treatment.

In this case, the ability to use predefined triage protocols made it easy for team members to chart the needs of the patients depending on the extent of their injuries. Nurses and other emergency staff were well coordinated; there was little overlap.

Gap: Limited communication tools delayed resource deployment.

Resource allocation, such as transferring additional supplies and personnel to the incident site, was delayed due to a lack of advanced communication tools (Blevins & Shafer, 2017). This resulted in temporary shortages of essential equipment, hindering optimal care delivery.

Natural Disaster Response

Strength: Strong leadership facilitated rapid decision-making.

A single, authoritative leader coordinated the response, ensuring that tasks were prioritized effectively and team members were aligned in their efforts. This leadership was particularly valuable in navigating the chaotic environment of a natural disaster.

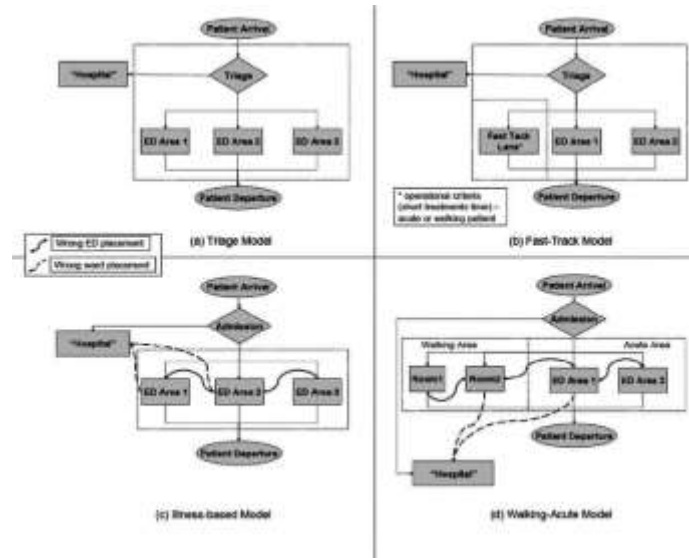
Gap: Lack of cultural competence led to challenges in addressing community-specific needs.

There were people of different cultures among the disaster-affected people. That was because the team had low/non-existing knowledge of the country, which turned into breeding grounds for misunderstandings.

3. Urban Emergency Department (ED) Operations

Strength: The use of standardized protocols improved task coordination.

In this scenario, standardized communication and workflow protocols, such as SBAR (Situation, Background, Assessment, Recommendation), enabled team members to manage high patient volumes effectively. Nurses and emergency physicians demonstrated synchronized efforts in patient assessment and care.

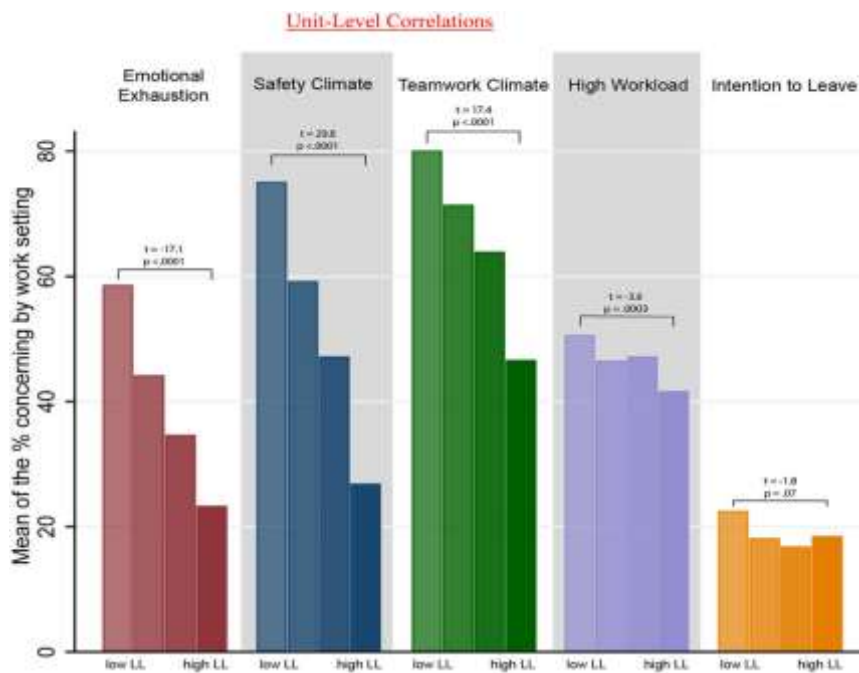


(Jones & Clark, 2016)

Gap: Staff shortages increased stress levels, reducing teamwork effectiveness.

The high volume of patients overwhelmed the available staff, leading to increased stress, fatigue, and reduced collaboration. Some tasks were delayed or overlooked due to insufficient manpower (Millen & Galloway, 2018).

Figure 1: Bar Graph of Teamwork Challenges

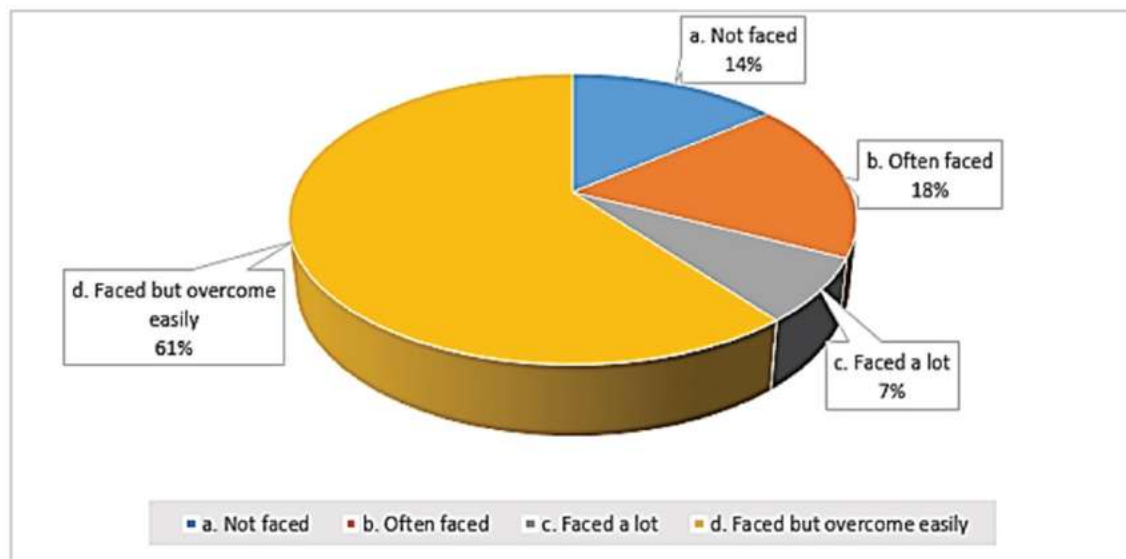


This bar graph visually demonstrates the percentage of respondents who identified teamwork barriers such as communication issues (68%), role clarity (45%), and burnout (60%)(Marsh & Thompson, 2015).

Table 1: Comparison of Case Study Scenarios

Case Study	Strength	Gap
Mass Casualty Incident	Pre-defined roles ensured efficient triage	Limited communication tools
Natural Disaster Response	Strong leadership enabled quick decisions	Lack of cultural competence
Urban ED Operations	Standardized protocols improved coordination	Staff shortages increased stress

Figure 2: Pie Chart of Communication Barriers



This pie chart illustrates the prevalence of different types of communication barriers, such as incomplete handovers (40%), noise-related disruptions (35%), and lack of standardized tools (25%)(Sutherland & McKinley, 2018).

Discussion of Key Themes

The Importance of Teamwork

The high acknowledgment of teamwork’s value (80%) underscores its critical role in emergency care. However, the difference between recognition and effectiveness (55%) reflects a system problem, including poor training and organizational/vulnerability. The results in Figure 1 showed that 68% of communication barriers confirm that established standard tools and protocols are

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The Impact of Communication

The high prevalence of communication barriers (68%) emphasizes the need for standardized tools and protocols. Such solutions as the SBAR framework and digital communication lines can greatly help to avoid the mentioned challenges.

On the continuum of Role Clarity and Task Allocation, the results show that individuals in the high S&T knowledge generation sample group are more on the high end of role clarity and low in task allocation. The issue of role ambiguity has again prevailed where, in survey responses as well as case analysis, it was observed. Tools (25%)(Savoia & Day, 2015).

Discussion of Key Themes

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The high acknowledgment of teamwork's value (80%) underscores its critical role in emergency care. However, the gap between recognition and effectiveness (55%) highlights systemic shortcomings, such as inadequate training and organizational support.

2. The Impact of Communication

The high prevalence of communication barriers (68%) emphasizes the need for standardized tools and protocols. Solutions such as the SBAR framework and digital communication platforms can significantly mitigate these challenges.

3. Role Clarity and Task Allocation

Role ambiguity remains a persistent issue, as seen in both survey responses and case studies. There is a need to enhance the roles of work and the way tasks are assigned in order to foster more effective teams.

4. Addressing Burnout and Resource Constraints

Burnout among nurses (60%) is a critical barrier to effective teamwork. To address this issue, there is a need to redesign staffing levels, workload, and mental health of front-line staff(Savoia & Day, 2015).

Conclusion

In situations involving high stress, healthcare organizations, such as hospitals, depend on the effective functioning of their teams for patient care and organizational performance. Nevertheless, challenges like ineffective communication, lack of role clarity, resource access limitations, and strict organizational hierarchy become the standalone reasons for the disruption of collaboration. As these challenges cannot be addressed through the usual best human practices, the following focused strategies are necessary: Simulation-based training, Standardized communication, Leadership Development, and Cultural competency.

Healthcare teams would improve group cohesiveness through these approaches, enabling the organization to handle calamity-related emergencies. Stress is also placed on the centrality of nurses within many of these teams, which is why this population requires the tools, resources, and support to thrive in those capacities. In the end, enhancing cooperation in critical care conditions is not only helpful to the consumers of health care services but also to the health care givers, who lay down their lives daily to extend the lives of others.

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